



(REFERENCE COPY - Not for submission)

LPTV Engineering STA Application

File Number: 0000114169 | Submit Date: 05/21/2020 | Call Sign: WWKQ-LD | Facility ID: 60369 | FRN: 0026907345 |

State: Puerto Rico | City: QUEBRADILLAS

Service: LPD | Purpose: Engineering STA | Status: Granted | Status Date: 06/23/2020 | Expiration Date: 12/22/2020 |

Filing Status: Active

General  
Information

Section	Question	Response
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Fees, Waivers,  
and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Application Type	Fee Code	Fee Amount
Engineering STA	MGL	\$200.00
Total		\$200.00

Applicant  
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HC2 STATION GROUP, INC. Applicant Doing Business As: HC2 STATION GROUP, INC.	RENEE ILHARDT 450 PARK AVENUE, 30TH FLOOR NEW YORK, NY 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING. COM	Other

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact  
Representatives  
(3)

Contact Name	Address	Phone	Email	Contact Type
<b>KURT HANSON</b> <i>CHIEF TECHNOLOGY OFFICER</i> HC2 BROADCASTING HOLDINGS, INC.	450 PARK AVENUE, 30TH FLOOR NEW YORK, NY 10022 United States	+1 (212) 339-5853	KHANSON@HC2BROADCASTING.COM	Technical Representative
<b>REBECCA HANSON</b> HC2 BROADCASTING HOLDINGS, INC.	REBECCA HANSON 450 PARK AVENUE, 30TH FLOOR NEW YORK, NY 10022 United States	+1 (212) 339-5832	RHANSON@HC2BROADCASTING.COM	Legal Representative
<b>RENEE ILHARDT</b> HC2 BROADCASTING HOLDINGS, INC.	450 PARK AVE 30TH FL NEW YORK, NY 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING.COM	CORPORATE REPRESENTATIVE

Channel and Facility Information

Section	Question	Response
Facility ID	60369	
State	Puerto Rico	
City	QUEBRADILLAS	
LPD Channel	34	

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	No
	ASR Number	
Coordinates (NAD83)	Latitude	18° 28' 45.7" N+
	Longitude	066° 55' 34.6" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	30.5 meters
	Support Structure Height	30.5 meters
	Ground Elevation (AMSL)	131 meters
Antenna Data	Height of Radiation Center Above Ground Level	29.0 meters
	Height of Radiation Center Above Mean Sea Level	160.0 meters
	Effective Radiated Power	2.5 kW

Antenna  
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	1004019
Antenna Manufacturer and Model	Manufacturer:	PSI
	Model	PSIUP-34-HP
	Rotation	0 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
Elevation Radiation Pattern	Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?	No
	Uploaded file for elevation antenna (or radiation) pattern data	
	Out-of-Channel Emission Mask:	Full Service

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1.0	90	0.014	180	0.118	270	0.029
10	0.963	100	0.051	190	0.115	280	0.097
20	0.865	110	0.086	200	0.081	290	0.187
30	0.724	120	0.099	210	0.038	300	0.270
40	0.564	130	0.091	220	0.042	310	0.404
50	0.398	140	0.066	230	0.068	320	0.565
60	0.258	150	0.044	240	0.077	330	0.721
70	0.162	160	0.073	250	0.097	340	0.867
80	0.074	170	0.109	260	0.028	350	0.962

Additional Azimuths

Degree	V <sub>A</sub>
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## Certification

Section	Question	Response
General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
	The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1.2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
Authorized Party to Sign	<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b> Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<b>HENRY TURNER</b> <i>CHIEF OPERATING OFFICER</i>  05/21/2020

Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">ENGINEERING STA-WWBK.pdf</a>	Applicant	General Information	ENGINEERING STA-WWBK.pdf